

L16000054 925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

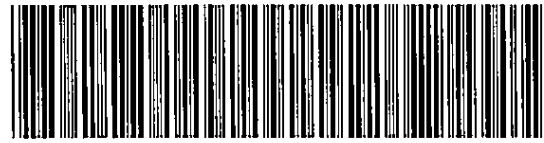
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2019 JUL 15 AM 10:39
MILWAUKEE

R. WHITE
JUL 04 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2019

MORRIS GIRNUN
P.O. BOX 5032
DEERFIELD BEACH, FL 33442

SUBJECT: TITAN 2016, LLC
Ref. Number: L16000054925

We have received your document for TITAN 2016, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P03000018086-TITAN PROPERTIES CORPORATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist III

Letter Number: 619A00010690

COVER LETTER

Registration Section
Division of Corporations

TITAN 2016 LLC

Subject:

Name of Limited Liability Company

Enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MORRIS GIRNUN

Name of Person

ACCUTAX & ACCOUNTING SERVICES LLC

Firm/Company

P.O. BOX 5032

Address

DEERFIELD BEACH FL 33442

City/State and Zip Code

KIJORO@AOL.COM

E-mail address: (to be used for future annual report notification)

For other information concerning this matter, please call:

MORRIS GIRNUN

954 574-0081

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

TITAN 2016 LLC

2019 MAY 15 AM 10:39

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/17/2016 and assigned Florida document number L16000054925.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TITAN PROPERTIES USA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If pending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MAN = Manager

AMR = Authorized Member

<u>ID#</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

including any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for entering changes or additional information.

Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02, if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
- The 90th day after the record is filed.

5/13/19

Handwritten signature of a member or authorized representative.

Signature of a member or authorized representative of a member

Glenn WALLEN
Typed or printed name of signee